

4th of July Fireworks and Freedom Celebration

Tuesday, July 4, 2017

Food Booth Application

Food vending space is available outside on the Fairgrounds and parking lot of the Longview Exhibit Building. Food Vendors must supply their own cooking/food trailer, equipment, tents, tables, and chairs, etc. Spots are limited so please return your application as soon as possible.

- Food Vendor booth fee is \$150.00 per unit. Please make check payable to City of Longview and return to either address listed below, along with your completed application.
- A Health Department Temporary Event Permit is **MANDATORY**. For further information about the Health Permit, call 903-237-2761. Food not approved may not be served. No home preparation or storage is allowed.
- Fees for Temporary Health Permit must be paid directly to the Environmental Health Division and are non-refundable. Please return the completed Health Permit Application and fee to the address on their application.
- Please contact the office in regards to set-up hours. Tear-down is 10:00 p.m. – midnight on Tuesday, July 4th.
- Final Health Department inspections will be scheduled at approximately 9:00 a.m. on Tuesday, July 4th unless you make other arrangements prior to the event with the Health Department.
- As part of the City of Longview's green initiative, Styrofoam containers are strongly discouraged.
- A certificate of insurance naming the City of Longview as co-insured is **MANDATORY** and should be returned to our office with your completed Food Booth Application or no later than one week before the festival.
- Vendors are responsible for Sales Tax ID numbers and reporting to State. Please supply your # below.
- Festival hours are 11:00 a.m. – 9:30 p.m., at which time the fireworks show will start, and last 30 minutes.
- No outside coolers will be allowed for the general public.

Business Name _____

Contact Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ /Email: _____

Texas Sales Tax ID # _____

What do you plan to sell? _____

Amount enclosed: _____ Amount of space required: _____

Estimated ice requirement: _____ Electrical requirements: _____

Ice will be available at market cost and will be delivered to your vending space.

_____ I am unable to attend this year, but please keep my name on the mailing list for future shows

_____ Please remove my name from your mailing list

Please mail check and completed form to either address listed below:

City of Longview • Maude Cobb Convention and Activity Complex • 903-237-1230 • FAX: 903-236-7845

PO Box 1952, Longview, TX 75606 • 100 Grand Blvd., Longview, TX 75604

aoetken@longviewtexas.gov • www.maudecobb.longviewtexas.gov

Waiver

In this form, the word "organization" means the following, both individually and collectively: (a) all sponsors of the 4th of July Fireworks and Freedom Celebration; (b) the City of Longview; and (c) the City of Longview's officers, employees and volunteers.

I release the organization from any and all liability for any claims, demands, loss, damage, or expense arising from the negligent acts or omissions of the organization relating to the July 4th Fireworks and Freedom Celebration.

I give permission to the organization to record, reproduce, broadcast, telecast, and otherwise use, display or disseminate any occurrences during the 4th of July Fireworks and Freedom Celebration or its preparation. My permission extends to any form of recording, reproduction or dissemination, whether by means of visual media, aural media or any combination of visual and aural media. I understand and agree that the organization may allow any other person or entity to record, reproduce, broadcast, telecast, or otherwise use, display or disseminate such information. I also understand and agree that I will receive no compensation.

I am signing this form on behalf of myself and/or on behalf of the business that I represent, whether that business is a sole proprietorship, a partnership of any kind or an incorporated entity. If applicable, I have authority to sign this form on behalf of the business that I represent, and this form is binding on that business entity and on me as an individual.

Signed

Date



TEMPORARY EVENT APPLICATION
 City of Longview – Environmental Health Division
 410 S. High St.
 Mailing Address: P.O. Box 1952, Longview, TX. 75606
 Phone: 903 237-1285 Fax: 903 237-1289

Date(s)Event _____ Location: _____

Time Food will be set up: _____ Name of Concession: _____

Applicant's Name and Address: _____

Applicant's Phone # _____ Event Sponsor/Organizaiton: _____

List all proposed food items to be served:

Restaurant/Store/Source food will come from:

TEMPORARY EVENT fees - \$50 for 1-3 days, plus \$5 for each additional day
FEES MAY BE PAID BY CASH, CHECK, M.O., VISA OR M/C
ALL FEES ARE NON-REFUNDABLE

OFFICE USE ONLY IN BOX

- ☐ Permit Required
- ☐ Non-Profit – No Fee Required
- ☐ Permitted Caterer – No Fee Required
- ☐ No Permit Required

Amount Paid \$ _____
 Received by _____
 Check/MO _____
 Visa or M/C # _____
 Exp. Date: _____ / _____

Temporary Event Permit-City of Longview, Texas

Event _____

Location _____

Name of Concession _____

Permit Valid Only on the Following Date(s) _____

This application serves as your Temporary Event Permit for the operation of the concession listed above. No one may operate a Temporary Food Service Establishment without a valid permit issued for the date(s) of the event. The Temporary Food Service Permit must be conspicuously posted in view of the public. Failure to comply with requirements of the City of Longview Health Code may result in the filing of charges in court and/or suspension of your Temporary Event Permit.

FOOD NOT APPROVED MAY NOT BE SERVED – NO HOME PREPARATION OR STORAGE IS ALLOWED FOR TEMPORARY EVENTS THAT ARE PERMITTED BY THE ENVIRONMENTAL HEALTH DEPARTMENT.

Health Authority _____ Date _____

Applicant Signature _____ Date _____